

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000707
1. Entity Name
 CHARLIE'S 40, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 FEB 25 PM 12:06



DO NOT WRITE IN THIS SPACE

Principal Place of Business **Mailing Address**
 7777 GLADES ROAD, SUITE 310 7777 GLADES ROAD, SUITE 310
 BOCA RATON FL 33434 BOCA RATON FL 33434-4150

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHARLIE'S 40, INC.
 7777 GLADES ROAD, SUITE 310
 BOCA RATON FL 33434

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. Capital Contributions as Shown on record. **\$7,500.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
 SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P99000038959
NAME	CHARLIE'S 40, INC.
STREET ADDRESS	7777 GLADES ROAD, SUITE 310
CITY - ST - ZIP	BOCA RATON FL 33434
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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DOCUMENT #	
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CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	200003161932--1
STREET ADDRESS	-03/08/00--01047--003
CITY - ST - ZIP	****150.00 ****150.00
STREET ADDRESS	<i>7/3/10/00</i>
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **02/21/00** **561-483-8400**
 _____ **Date** **Daytime Phone #**

CR2E003 (9/99)